

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Bohland*

Died at *Centreville* Town *Queen Anne's* County **MARYLAND**

Date of death *1900* Jan *24* Age *55* Months Days

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Occupation *Marble cutter* Where Residing if not at place of death *Centreville*

Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Bohland*

Father's Name *Philip Bohland* Father's Birthplace *Germany*

Mother's Maiden Name *Mary Elstner* Mother's Birthplace *Germany*

Name of person giving Information *Elizabeth Bohland* How related to deceased *Wife*

**CAUSES OF DEATH** **(67)** ✓

PHYSICIAN  
OR CORONER

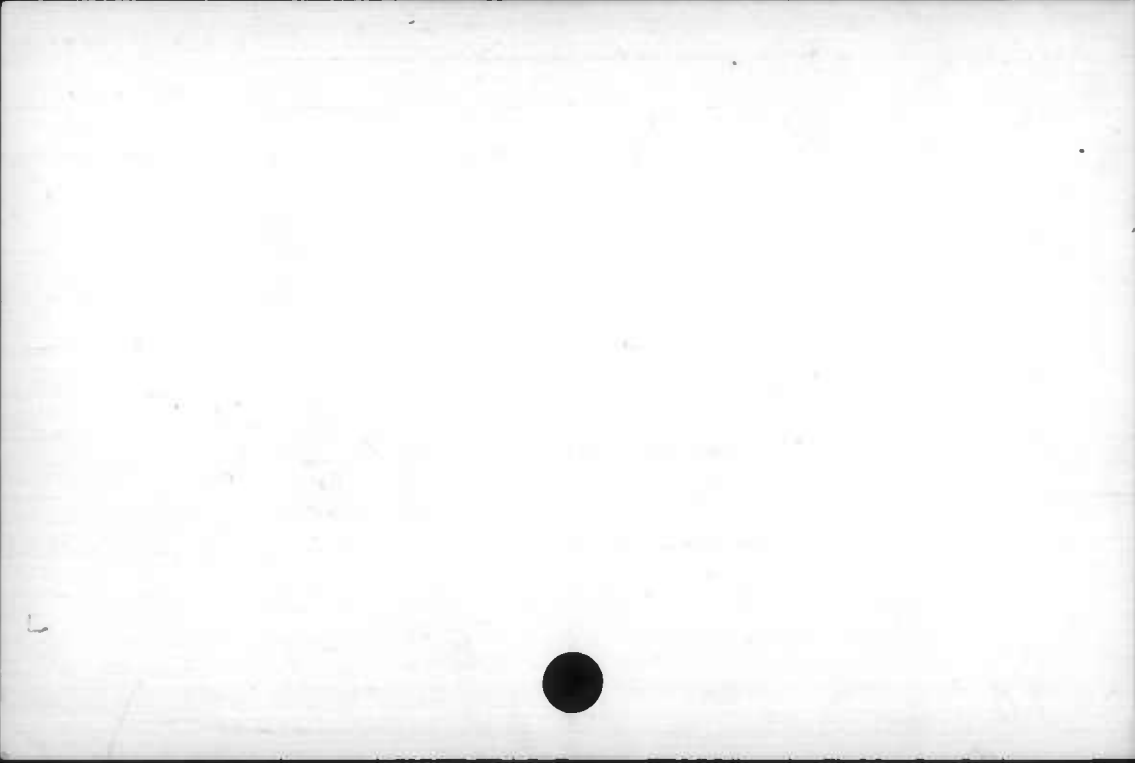
Primary *Paresis* How long *2 yrs*

Immediate *Inanition* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. H. H. H.* Address *Centreville*

Accident or Suicide *no*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDHenry Rufus Bryan  
Died at Winchester Queen Anne

MARYLAND

Date of death 1900 1<sup>st</sup> 4<sup>th</sup> Age 72 Months 5<sup>th</sup>

Sex male Color or Race white Birth-place D.A. Co., Md.

Occupation Farmer Where Residing if not at place of death at home

~~Married~~ Single  
~~or Widowed~~Name of Wife or  
Husband

Father's Name Mr. Bryan

Father's Birthplace D.A. Co. Md.

Mother's Maiden Name Anna M. (Unknown)

Mother's Birthplace Winchester, Md.

Name of person giving Information W. V. Bryan

How related to deceased Nephew

## CAUSES OF DEATH

Primary Tuberculosis -

How long Many years.

Immediate Pneumonia

How long 10 days -

Are the name, age, sex, color, date and place correctly given? Yes

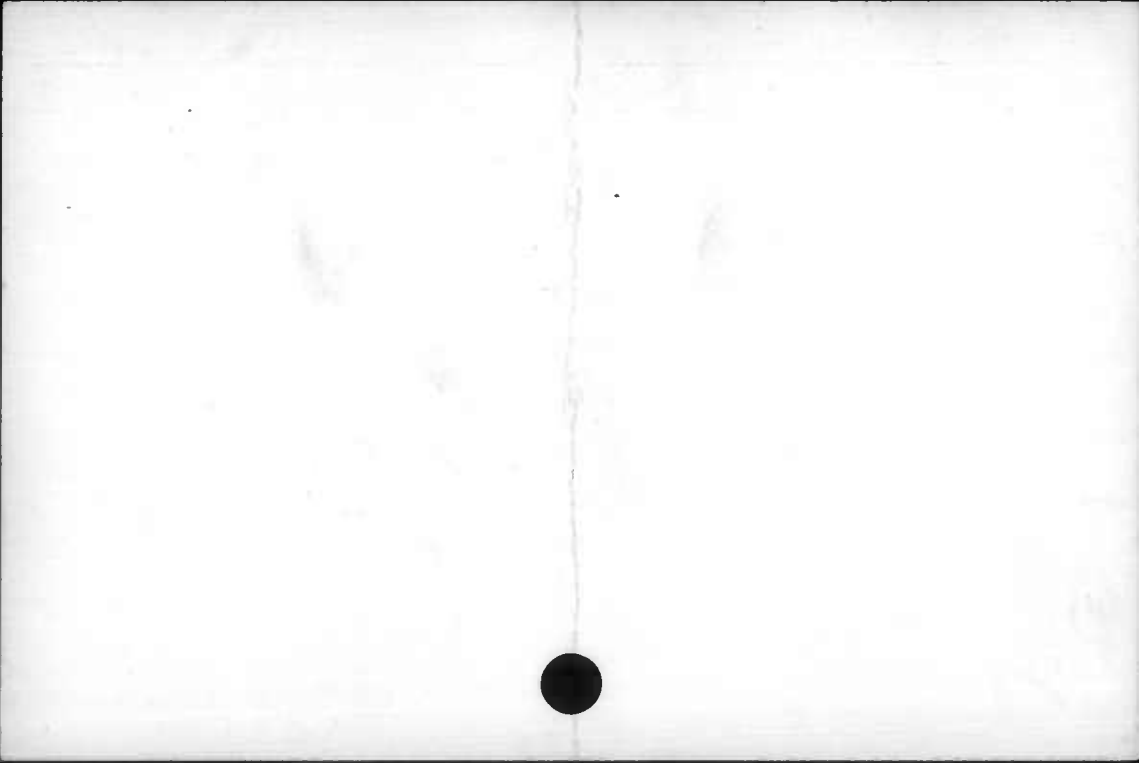
Signature of Physician

Address

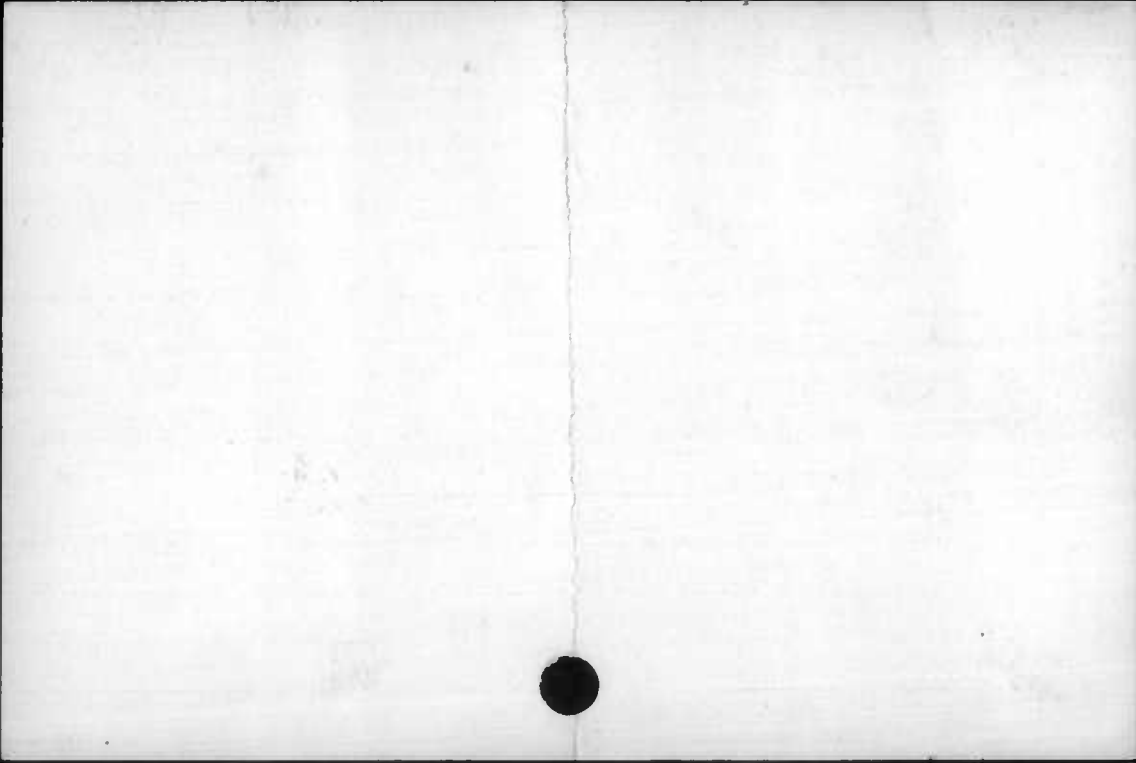
W. W. Chaires  
Queenstown, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name in Full		Mrs Mary V Cox				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Wm Barclay</i>		Town <i>Barclay</i>		County <i>Jessu Anne</i>		MARYLAND
	Date of death <i>1900</i>	Month <i>1</i>	Day <i>12</i>	Age <i>58</i>	Years	Months	Days
	Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		
	Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>			
	<del>Married</del> <i>Widowed</i>		Name of Wife or Husband <i>James Cox</i>				
	Father's Name <i>John M Jones</i>				Father's Birthplace		
	Mother's Maiden Name <i>Annie</i>				Mother's Birthplace		
Name of person giving information <i>Charles Jones</i>				How related to deceased <i>Brother</i>			
				CAUSES OF DEATH		42	
PHYSICIAN OR CORONER	Primary <i>Carcinoma of Uterus</i>				How long <i>four years</i>		
	Immediate <i>" " and heart</i>				How long <i>Rachis suddenly</i>		
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>Frederick Sudler</i>		
					Address <i>Sudlersville, Ind</i>		
	Accident or Suicide?		<i>no</i>				



Name  
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## CERTIFICATE OF DEATH

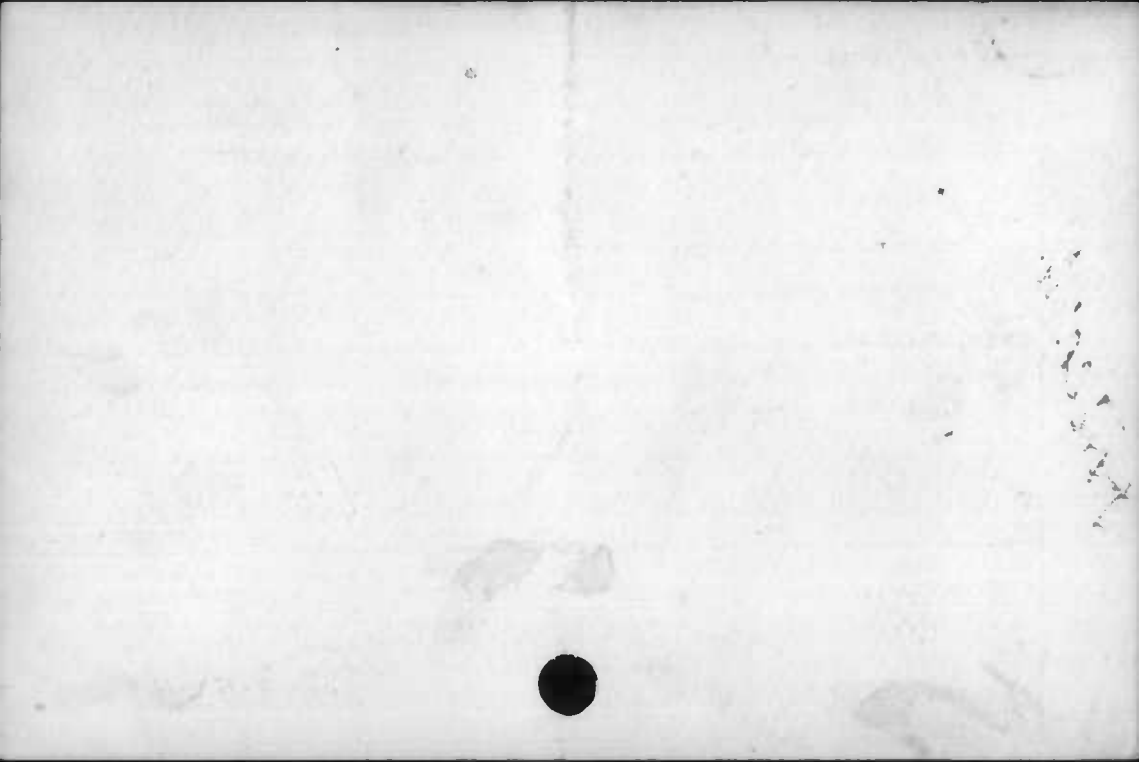
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Rebecca Everett</i>		Town <i>Mar. Salusville</i>		County <i>Prince George's</i>		STATE <b>MARYLAND</b>	
Died at <i>Mar. Salusville</i>		Month <i>1</i>		Day <i>15</i>		Years <i>82</i>	
Date of death <i>1900</i>		Month <i>1</i>		Day <i>15</i>		Age <i>82</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md -</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Edward Everett</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Mary Everett</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>May Everett</i>		How related to deceased <i>Niece</i>					

## CAUSES OF DEATH

How long  
*189*PHYSICIAN  
OR CORONER

Primary <i>Heart failure</i>		How long <i>189</i>	
Immediate <i>Heart failure</i>		How long <i>189</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. R. Smith</i>	
Address <i>Templeville, Md.</i>			
Accident or Suicide? <i>8</i>			





Name in Full		Town				County		CERTIFICATE OF DEATH	
W. Eldridge Gardner		Centerville		24th		Anne		MARYLAND	
Died at		Date of death		Month		Day		Age	
1991		1		2		11		8	
Sex		Color or Race		Birth-place		Months		Days	
male		Negro		Centerville Md					
Occupation		Where Residing if not at place of death							
School Boy		Centerville							
Married, Single or Widowed		Name of Wife or Husband							
Single									
Father's Name		Father's Birthplace							
Talboth J. Gardner		Centerville Md							
Mother's Maiden Name		Mother's Birthplace							
Amanda Smith		Centerville Md							
Name of person giving information		How related to deceased							
Talboth J. Gardner		Father							
		CAUSES OF DEATH		47					
Primary		How long							
Acute Articular Rheumatism		3 months							
Immediate		How long							
Valvular Heart Lesion		3 months							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes		E. F. Smith							
		Address							
		Centerville							
		Md.							
Accident or Suicide									



Name  
in  
Full

Thomas Hammond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town County Home		County 2. Aines		MARYLAND	
Date of death		1901	Month Jan	26	Day 2	Years 53	Age
Sex		Male		Color or Race		White	
Birth- place		2 A.C. Ind					
Occupation				Where Residing if not at place of death			
none at all Idiot							
Married, Single or Widowed		yes		Name of Wife or Husband			
none							
Father's Name				Father's Birthplace			
John Hammond				2 A.C. Ind			
Mother's Maiden Name				Mother's Birthplace			
Doubt Known							
Name of person giving Information				How related to deceased			
Wm Justice				none			

## CAUSES OF DEATH

Primary	Natural decay & heart failure	How long	189
Immediate		How long	

PHYSICIAN  
OR CORONERAre the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J. J. Holston

Address

Centerville 2 A.C. Ind

Accident or Suicide



Name  
in  
Full

Marion Dorney

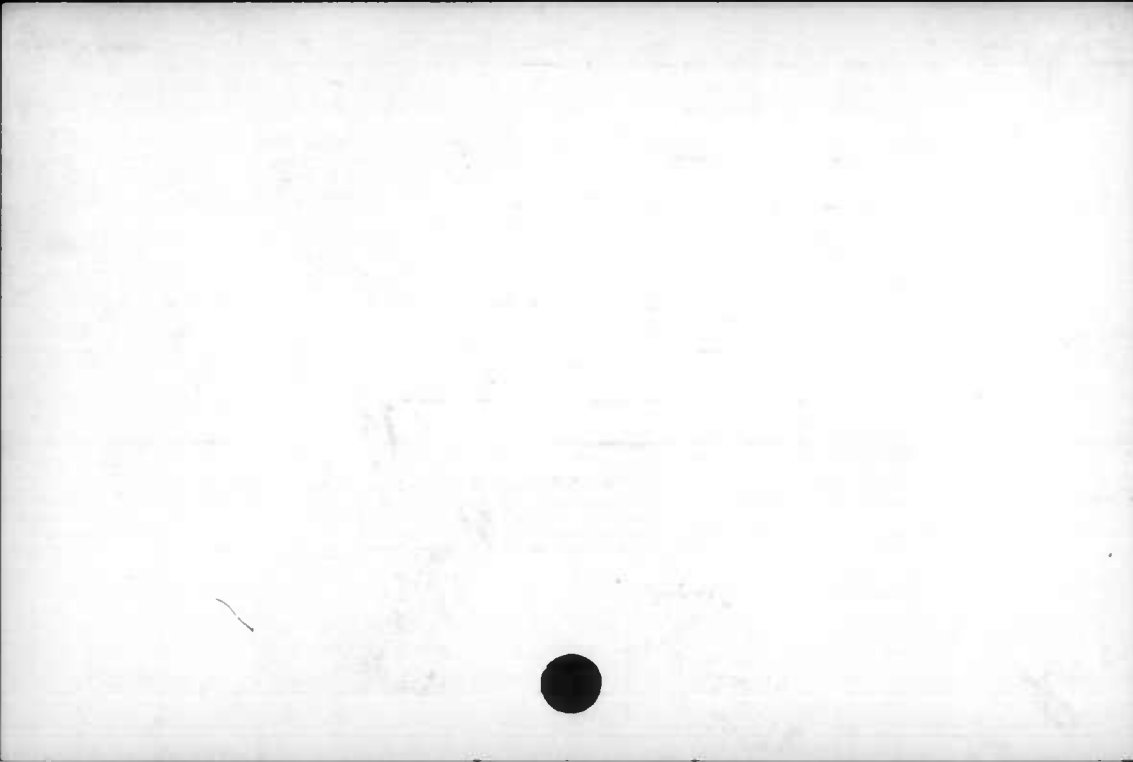
CERTIFICATE OF DEATH

Died at		Town Near Winchester		County 2 a		MARYLAND	
Date of death	1900	Month Jan	Day 9	Age 35	Years	Months —	Days —
Sex	Male		Color or Race	White		Birth-place	Perry Hall
Occupation	Retiree			Where Residing if not at place of death Near Winchester			
Manner, Single or Widowed	Widower		Name of Wife or Husband deceased				
Father's Name	Mrs G Dorney				Father's Birthplace	2 a Co	
Mother's Maiden Name	A W Todd				Mother's Birthplace	2 a Co	
Name of person giving Information	Mellon Dorney				How related to deceased	Brother, (27) (28) ✓	

## CAUSES OF DEATH

Primary	Tuberculosis		How long	One year
Immediate	Cardiac failure		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician W. W. Chaires	
Address		Queentown, Md.		
Accident or Suicide				

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

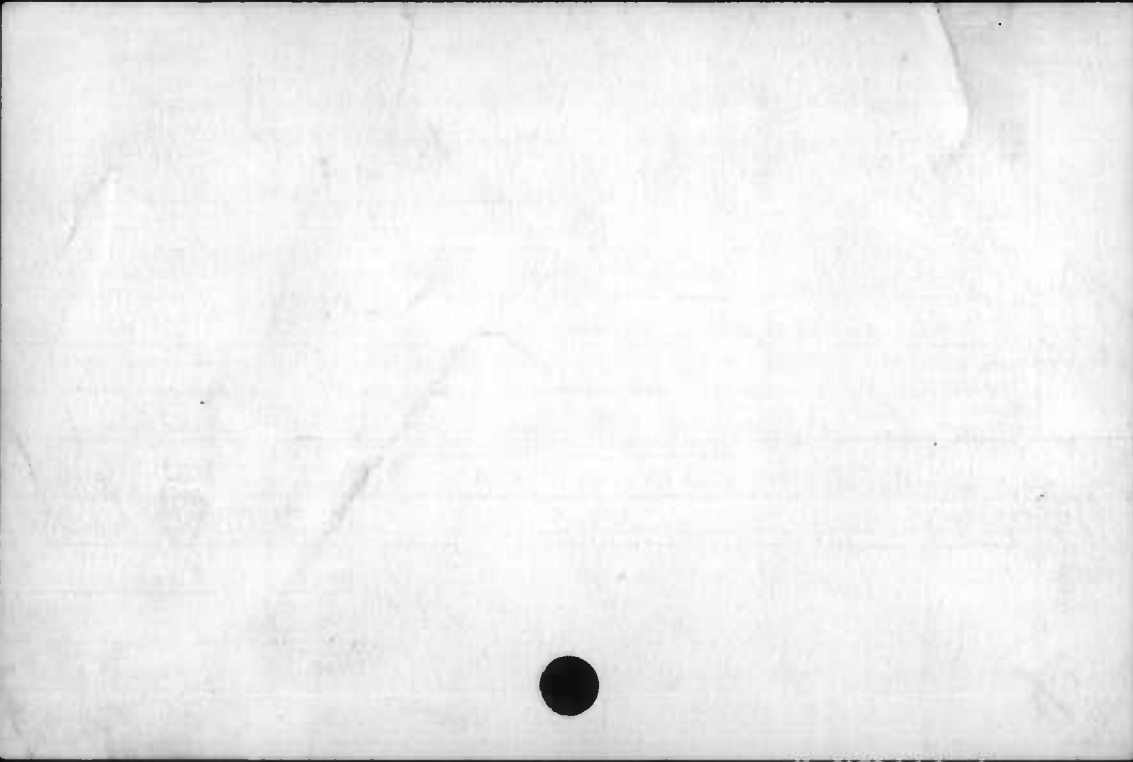
Died at <i>Stevensville</i>		Town <i>Stevensville</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1940</i>	Month <i>Jan</i>	Day <i>16</i>	Age <i>40</i>	Years <i>40</i>	Months <i>6</i>	Days <i>24</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Stevensville Md</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>Jacob Hoxter</i>				
Father's Name <i>Wm Legg</i>			Father's Birthplace <i>Kent Island</i>				
Mother's Maiden Name <i>Rebecca James</i>			Mother's Birthplace <i>Kent Island</i>				
Name of person giving information <i>Mary Hoxter</i>			How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

*28*

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>several years</i>
Immediate <i>Asthma</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. G. Henry</i>
	Address <i>Stevensville Md</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Centreville</i> Town		<i>Queen Anne's</i> County		MARYLAND	
Date of death <i>1900</i>	Month <i>Jan</i>	Day <i>22</i>	Age <i>—</i>	Months <i>1</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Centreville Md.</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Frederick Jutte</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Sophie Rucker</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving Information <i>Frederick Jutte</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Transition</i>	How long <i>1. month</i>
Immediate <i>Exhaustion</i>	How long <i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. F. Smith</i>
<i>D</i> Accident or Suicide	Address <i>Centreville Md.</i>



Name  
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Mary Landsman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

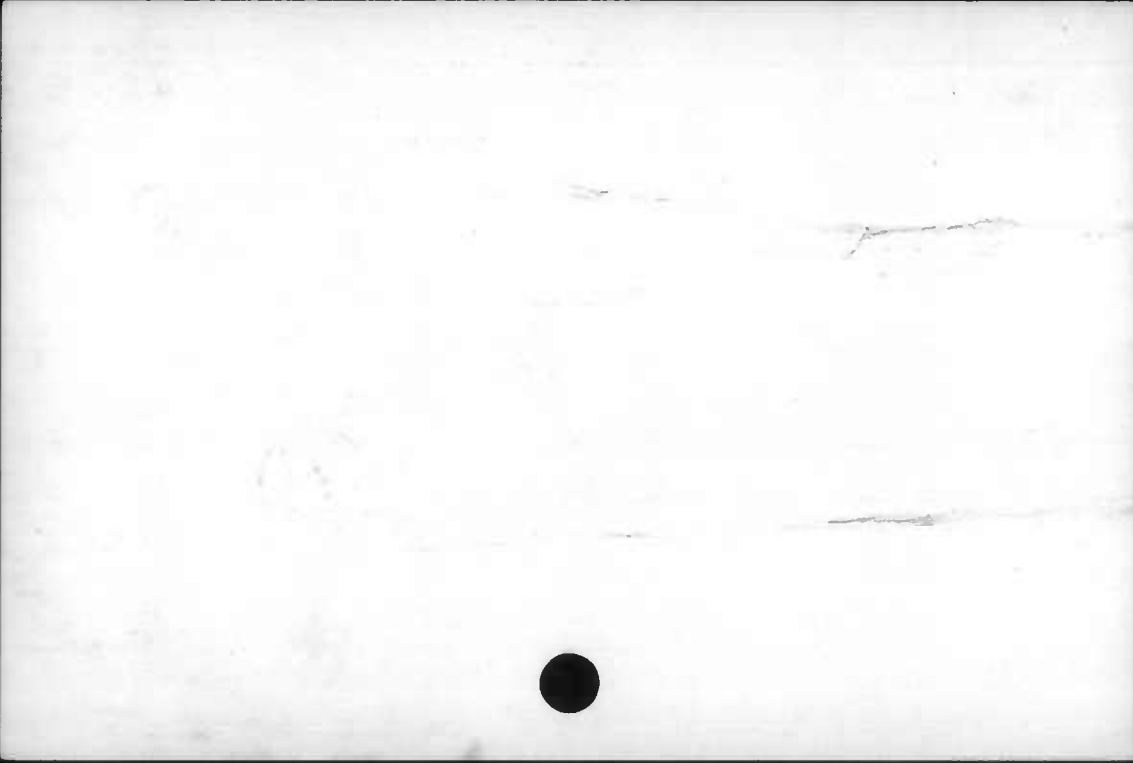
Died at <i>near Crumpton Md</i>		Town <i>2. Anne Co</i>		County		MARYLAND	
Date of death <i>1960</i>		Month <i>Jan</i>		Day <i>27</i>		Age <i>about 76</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Lewis Anne Co</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death		at Place of Death			
Married, Single or Widowed <i>married</i>		Name of <del>Wife or</del> Husband <i>Leicester Landsman</i>					
Father's Name <i>Joseph Single</i>		Father's Birthplace <i>Lewis Anne Co</i>					
Mother's Maiden Name <i>Kellie Single</i>		Mother's Birthplace <i>Lewis Anne Co</i>					
Name of person giving Information <i>John Landsman</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>6 days</i>
Immediate	<i>exposure</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. H. Sheppard</i>	
		Address <i>Crumpton Md</i>	
<del>Accident or Suicide</del>			



Name  
in  
Full

Charles L Love

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

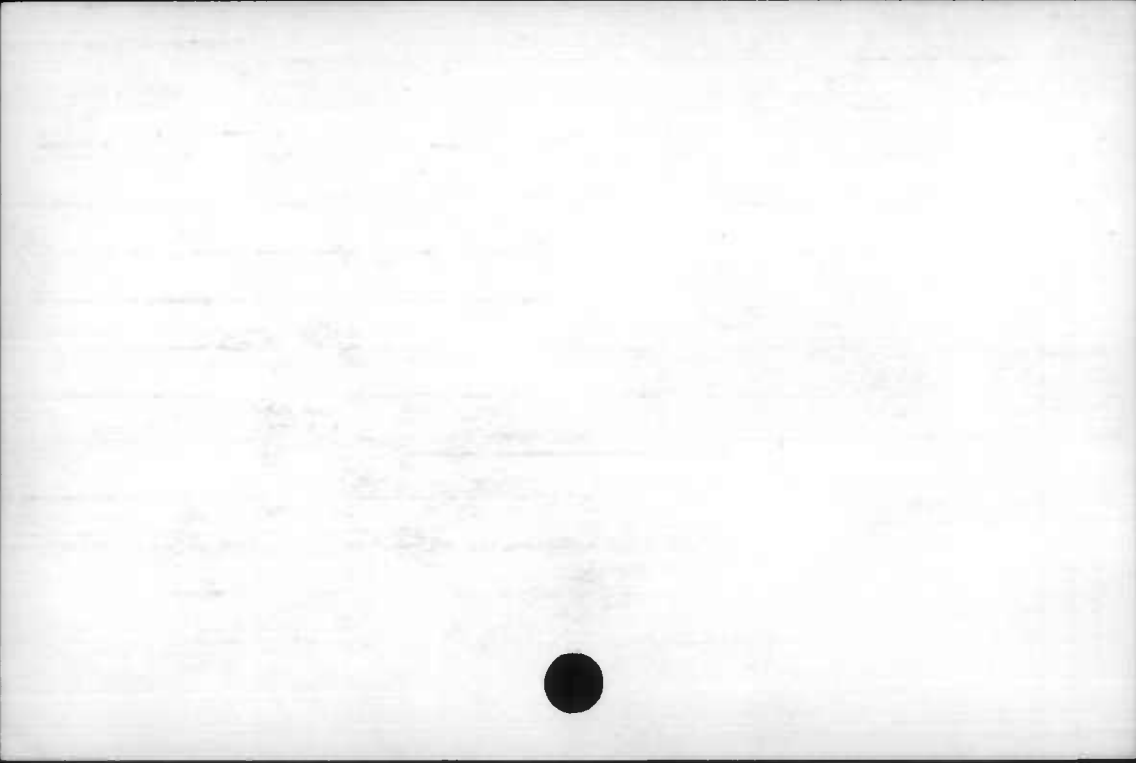
Died at <i>Centreville</i>		Town		<i>Queen Anne's</i>		County		MARYLAND					
Date of death <i>1960</i>		Month <i>Jan</i>		Day <i>3</i>		Age <i>32</i>		Years <i>5</i>		Months <i>5</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Baltimore</i>									
Occupation <i>Lawster</i>		Where Residing if not at place of death <i>Centreville</i>											
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rosa L. Love</i>											
Father's Name <i>Ch. L. Love</i>		Father's Birthplace <i>West Indies</i>											
Mother's Maiden Name <i>Anna M. Cord</i>		Mother's Birthplace <i>Cambridge</i>											
Name of person giving information <i>Anna M. Cord</i>		How related to deceased <i>Mother</i>											

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>10 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. F. Smith</i>	
<i>Q</i>		Address <i>Centreville</i>	
Accident or Suicide <i>No.</i>		<i>Md.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Earl Marvill* Town *near Barclay* County *Anne* **MARYLAND**

Died at *near Barclay* Month *1* Day *6* Age *7* Years *7* Months *-* Days *-*

Date of death *1940*

Sex *Male* Color or Race *White* Birth-place *Md-*

Occupation *-* Where Residing if not at place of death *-*

☒ Married, Single  
~~or Widowed~~

Name of Wife or Husband *-*

Father's Name

*William B. Marvill*

Father's Birthplace

*Md-*

Mother's Maiden Name

*Ella Perry*

Mother's Birthplace

*Md*

Name of person giving Information

*William B. Marvill*

How related to deceased

*Father*

## CAUSES OF DEATH

**9**

PHYSICIAN  
OR CORONER

Primary

*Diphtheria*

How long

*one week*

Immediate

Are the name, age, sex, color, date and place correctly given above?

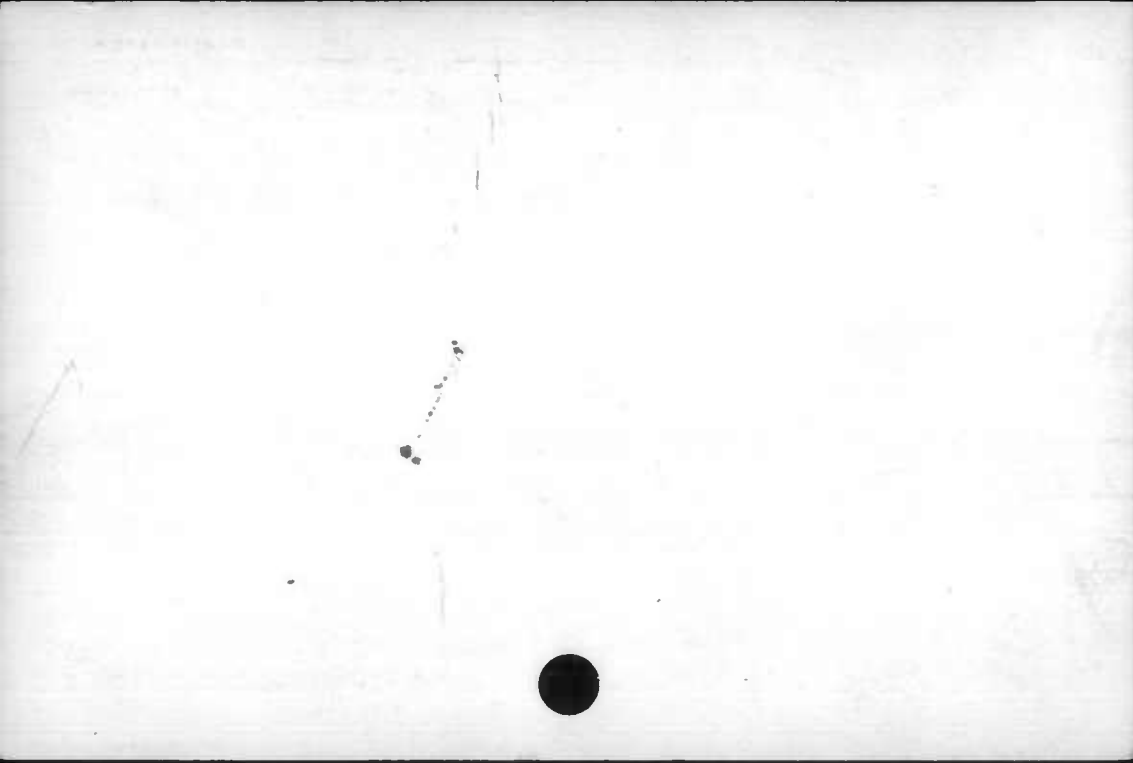
*yes*

Signature of Physician

Address

*J. R. Smith*  
*Templeville Md-*

Accident or Suicide





Name  
in  
Full

Grace Marvill

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Near Barclay <sup>County</sup> Queen Anne

Date of death 1900 / 1 / 7 Age 11

Sex Female Color or Race White Birth-place Md.

Occupation — Where Residing if not at place of death —

Married, Single  
or WidowedName of Wife or  
Husband —Father's  
Name

William B. Marvill

Father's  
Birthplace

Md -

Mother's  
Maiden Name

Ella M. Perry

Mother's  
Birthplace

Md -

Name of person giving  
In formation

William B. Marvill

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Diphtheria

How long

one week

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

8

yes

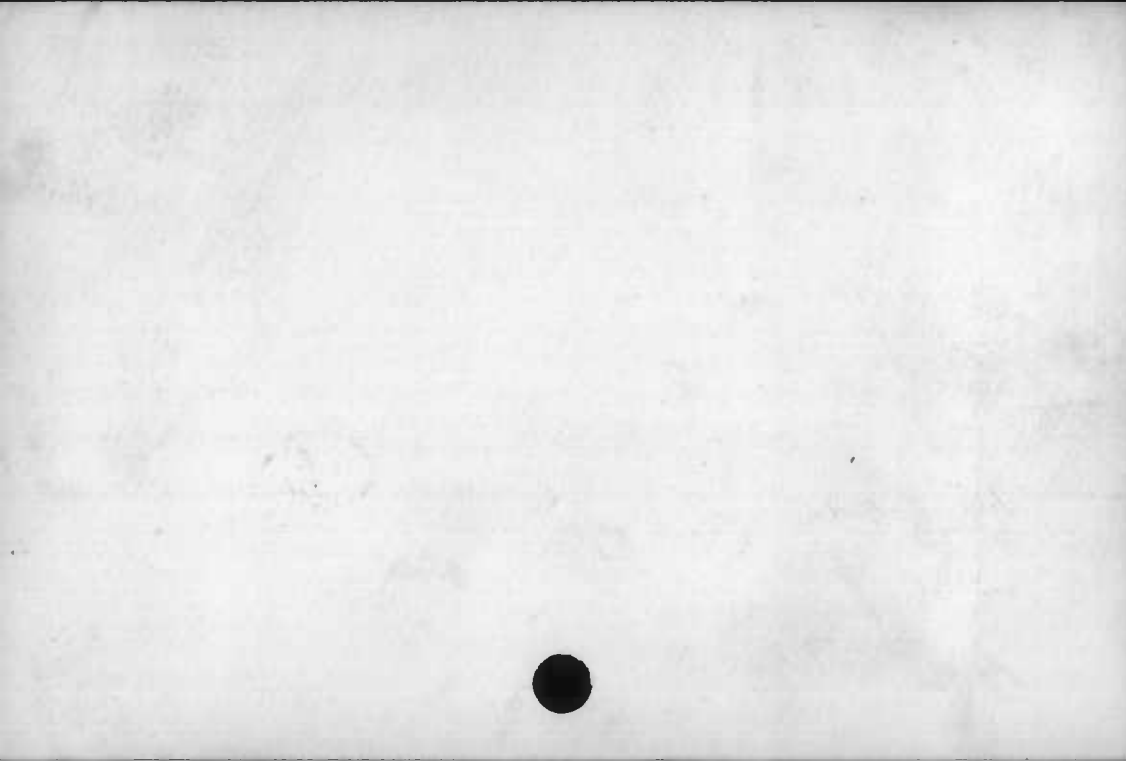
Signature of  
Physician

Address

J. R. Smith  
Templeville Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Date

of death

1960

Month

Jan

Day

15

Age

Years

77

Months

4

Days

8

Sex

Male

Color or  
Race

White

Birth-  
place

Queen Anne Co

Occupation

Unemployed

Where Residing if not  
at place of death

At place of death

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Widowed

Father's  
Name

William Meredith

Father's  
Birthplace

Queen Anne Co

Mother's  
Maiden Name

Miss Reed

Mother's  
Birthplace

Queen Anne Co

Name of person giving  
Information

John M. C. Rochester

How related  
to decedent

Son in law

## CAUSES OF DEATH

Primary

Rheumatic Gout

How long

Eleven Years

Immediate

Intestinal Catarrh

How long

6 months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H. Beaulieu Summers

Address

Chestertown  
Md

Accident or Suicidal

No

PHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel Charles Nicols

CERTIFICATE OF DEATH

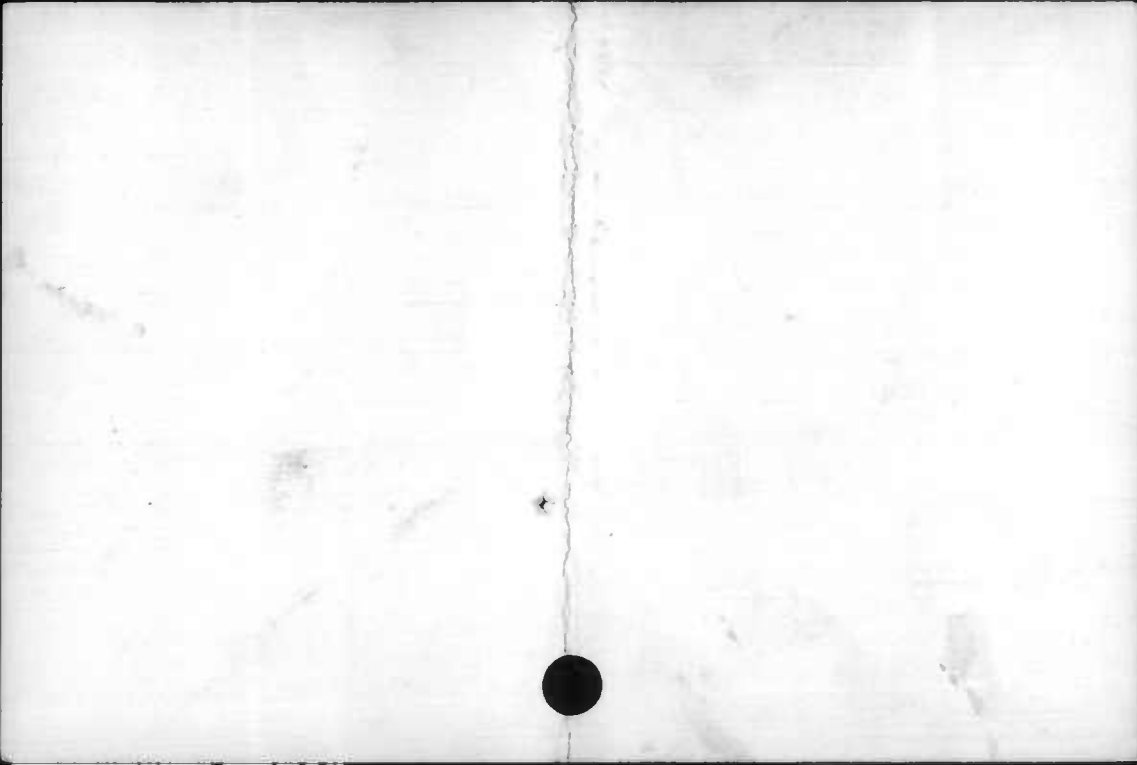
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Town</u> <u>near Dunn Anne</u> <u>County</u> <u>Dunn Anne</u>		MARYLAND	
Date of death 19 <u>60</u> <u>Jan.</u>	Month <u>8</u> Day <u>1</u>	Age <u>1</u>	Months <u>9</u> Days <u>4</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Dunn Anne Co.</u>	
Occupation <u>Child</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>		
Father's Name <u>Christopher Nicols</u>	Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Emma Carter</u>	Mother's Birthplace <u>MD</u>		
Name of person giving Information <u>Christopher Nicols</u>	How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Diphtheria</u>	How long <u>9</u> <u>16 days.</u>
Immediate <u>Heart Paralysis</u>	How long <u>1 day.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. R. Cowe, M.D.</u>
	Address <u>Halifax, Ind.</u>
Accident or Suicide <u>No.</u>	



Name  
in  
Full

Kathleen Paca

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Disd at Barnesbury Town 2 a County MARYLAND

Date of death 1980 Month Jan Day 30 Age 5-7 Years Months Days

Sex Female Color or Race White Birth-place 2 a

Occupation Invilad Where Residing if not at place of death Barnesbury

Married, Single or Widowed Married Name of Wife or Husband E. J. Paca

Father's Name R. B. Barneshead Father's Birthplace 2 a

Mother's Maiden Name Mary E. Holliday Mother's Birthplace Lalbrok

Name of person giving Information Chas Paca How related to deceased Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

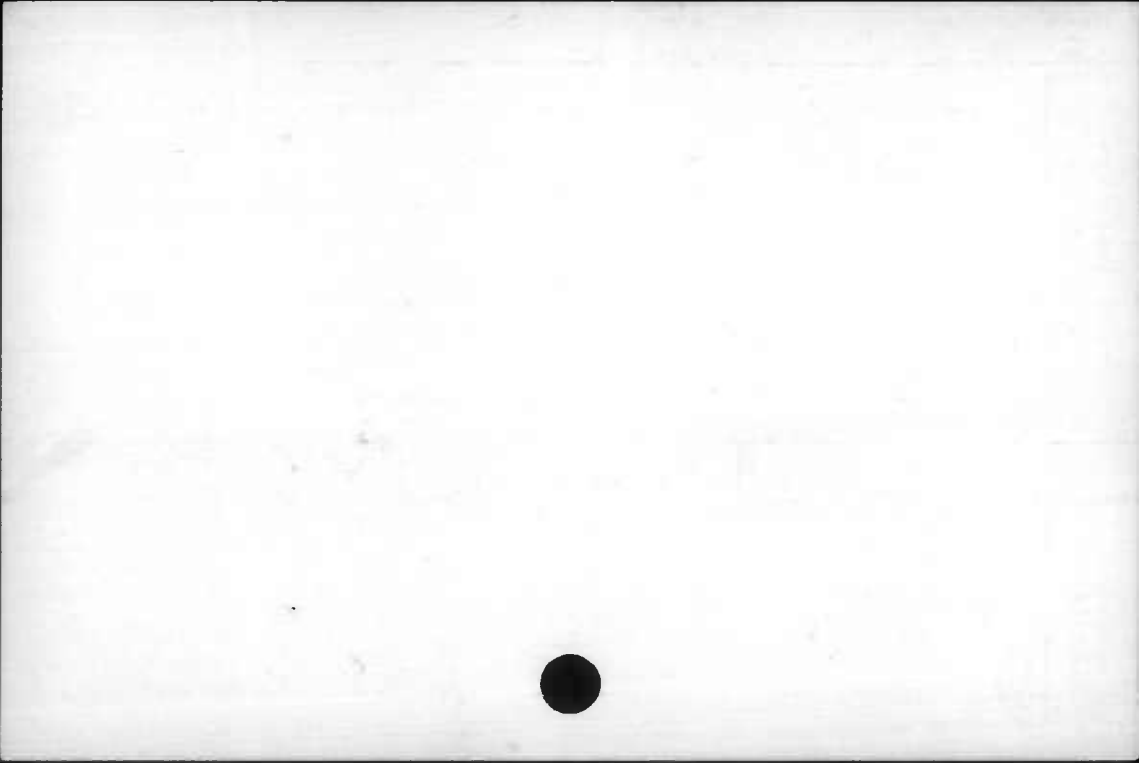
Primary Pneumo - Pneumonia How long 90 few days

Immediate Exhaustion (heart failure) How long Three hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician R. H. Ford

Address Queenstown, Md.

Accident or Suicide





Name  
in  
Full

Mariana E. Pace

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	<sup>Town</sup> Carmichael	<sup>County</sup> R.A.	MARYLAND			
Date of death	1966	<sup>Month</sup> Jan'y.	<sup>Day</sup> 25	<sup>Years</sup> Age 30	<sup>Months</sup>	<sup>Days</sup>
Sex	Female	Color or Race	White	Birth-place	I A 60	
Occupation	Daughter		Where Residing if not at place of death Carmichael			
Married, Single or Widowed	Single	Name of Wife or Husband	Single			
Father's Name	E J Pace		Father's Birthplace	I A 60		
Mother's Maiden Name	Katherine Carmichael		Mother's Birthplace	I A 60		
Name of person giving Information	E Pace		How related to deceased	Son		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	24 hours
Immediate	Exhaustion (Heart failure)	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Rowland H. Ford
		Address	Queensdown, Md.
Accident or Suicide			



Name  
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Carrie M. Pinckney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

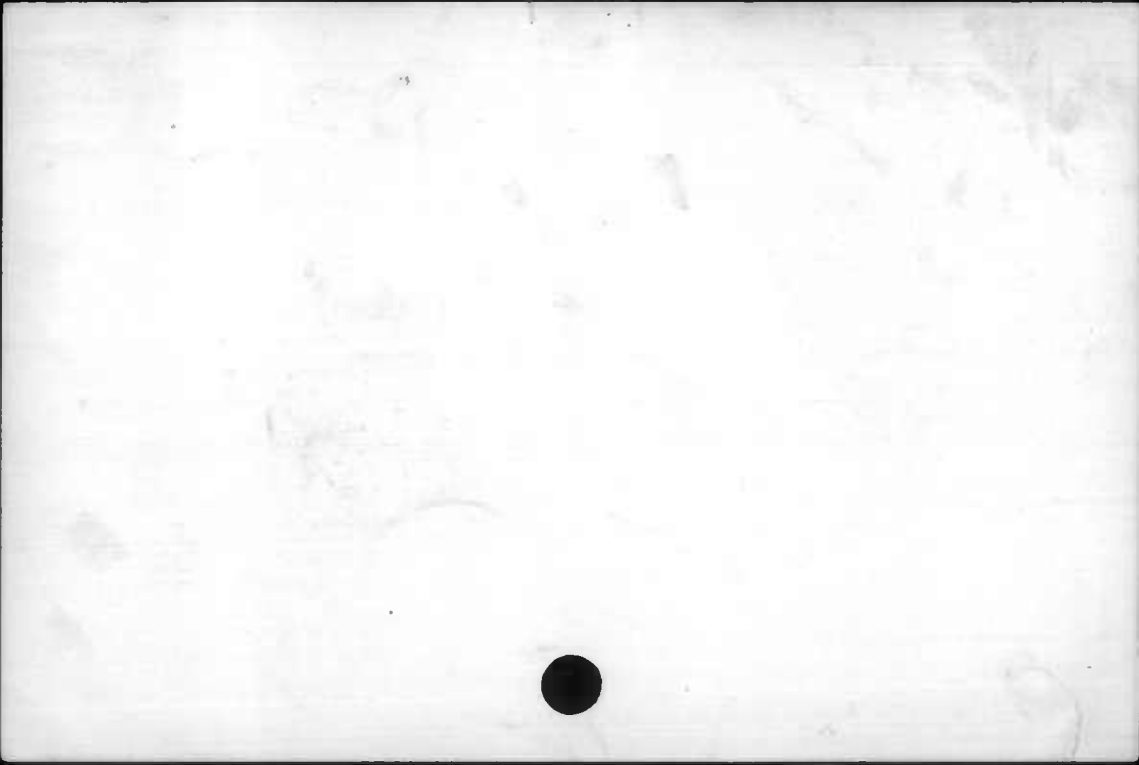
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		Jan	20	5		11	20
Sex		Color or Race		Birth-place			
Female		Colored		G A Co.			
Occupation		Where Residing if not at place of death					
Child		at home					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Joseph Pinckney		P. F. Co.					
Mother's Maiden Name		Mother's Birthplace					
Emily Bradshaw		G A Co.					
Name of person giving Information		How related to deceased					
Emily Pinckney		Mother					

CAUSES OF DEATH

78

PHYSICIAN  
OR CORONER

Primary	Endocarditis Acute	How long	3 weeks
Immediate	Valvular	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. J. Gorman, M.D.	
Address		Mechanics	
Accident or Suicide		No	



Name  
in  
Full

Otis Saddle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Winchester</i>		Town		<i>A. A.</i>		County		MARYLAND	
Date of death <i>1960</i>		Month <i>January</i>		Day <i>27</i>		Age <i>43</i>		Years <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lobs</i>		Months <i>—</i>		Days <i>—</i>	
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>Foris Home</i>		Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>May pie Long</i>		Fether's Birthplace	
Fether's Name <i>Mr. Saddle</i>		Mother's Maiden Name <i>Loellein Saddle</i>		How related to deceased <i>wife</i>		Fether's Birthplace <i>Lobs</i>		Mother's Birthplace <i>Lobs</i>	
Name of person giving Information <i>Saddle</i>									

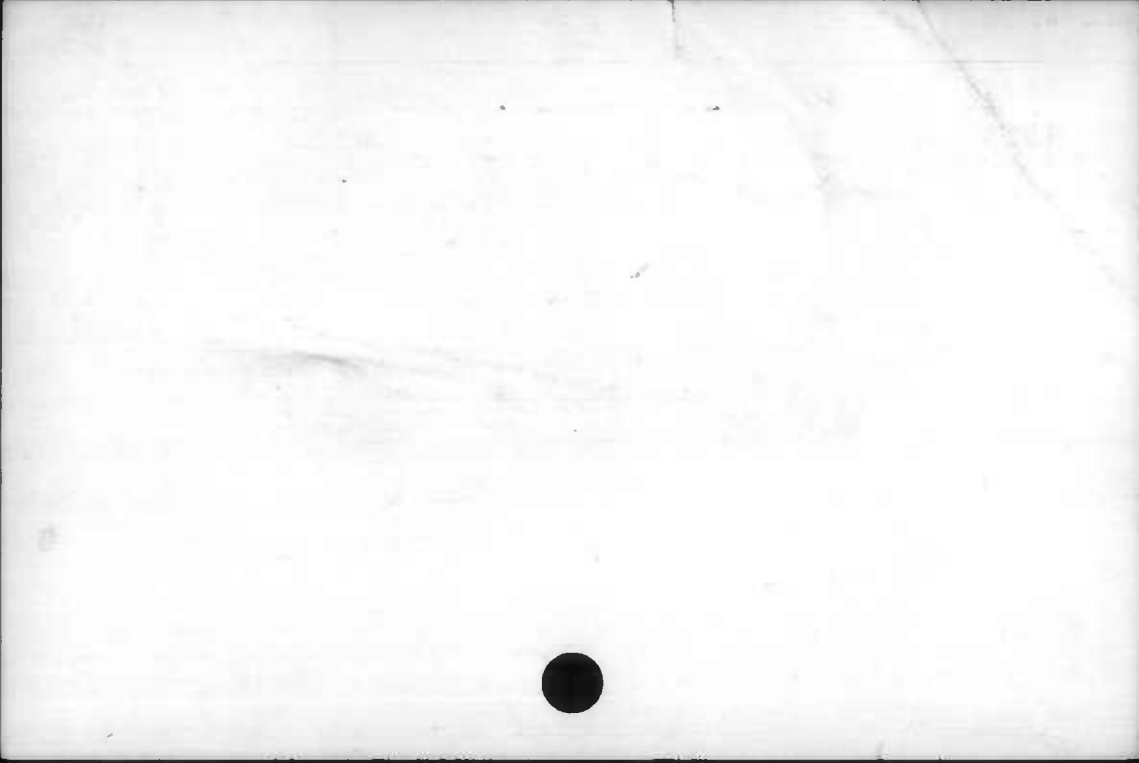
## CAUSES OF DEATH

27

V

PHYSICIAN  
OR CORONER

Primary	<i>Tubercular bronchitis</i>	How long	<i>Several years (don't know)</i>
Immediate	<i>Heart failure (exhaustion)</i>	How long	<i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Rowland H. Ford</i>	
Address <i>Queens town, Md.</i>			
Accident or Suicide			



Name  
in  
Fullun named child of Sittler  
Minnie Jones

## CERTIFICATE OF DEATH

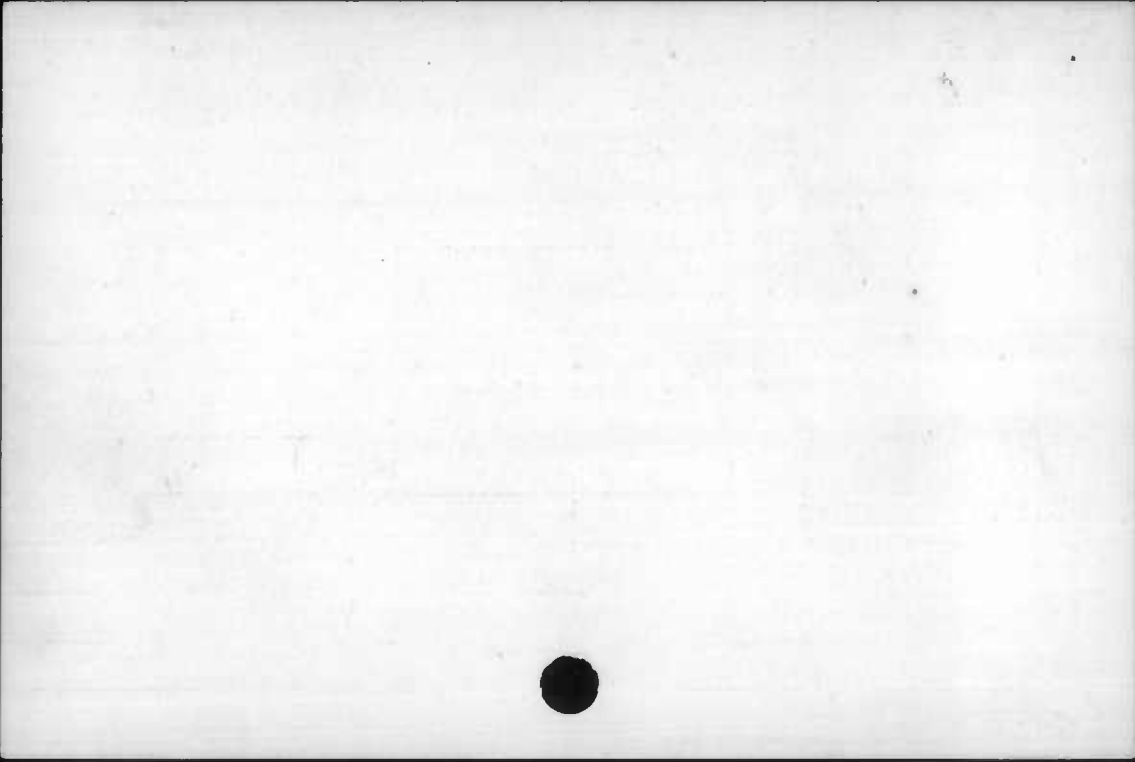
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Winchester</i>		<sup>County</sup> <i>Queens</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>1</i>	Day <i>12</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>Ballard</i>		Birth-place <i>24 Co. Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Wm Sittler</i>			Father's Birthplace <i>24 Co. Md</i>		
Mother's Maiden Name <i>Minnie Jones</i>			Mother's Birthplace <i>Corral Co. Md</i>		
Name of person giving information <i>Susan Haytton</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>natural cause</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas O Coursey coroner</i>
	Address <i>Fords Store Md</i>
Accident or Suicide?	





Name  
in  
Full

Chas. Wesley Sparks.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Carmichael		2. A. Co.					
Date of death		Month	Day	Years	Months	Days	
1900		1 <sup>st</sup>	12 <sup>th</sup>	Age 36			
Sex		Color or Race		Birth-place			
male		white		2. A. Co. Md.			
Occupation		Where Residing if not at place of death					
Farmer		at Brother's					
<del>Married</del> , Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Geo. Washington Sparks		New Jersey					
Mother's Maiden Name		Mother's Birthplace					
Susan R. Thwoley		2. A. Co. Md.					
Name of person giving Information		How related to deceased					
J. F. Sparks.		Brother					

## CAUSES OF DEATH

Primary		How long	
Tuberculosis		3 years.	
Immediate		How long	
Hemorrhage		Half hour	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. W. Chaires	
Address			
Queenstown, Md.			
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Roland Wilbur Sparks.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

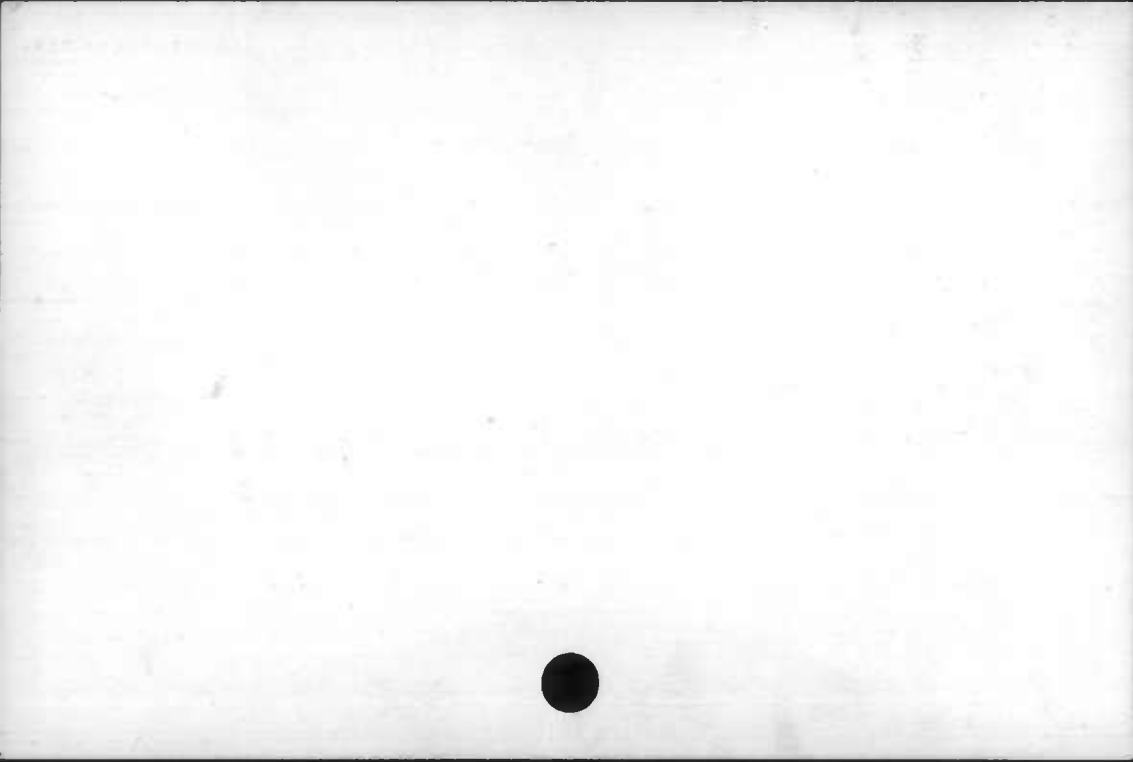
Died at		Town Chester		County Queen Anne's		MARYLAND	
Date of death 1980		Month Jan		Day 17		Age 18	
Sex male		Color or Race white		Birth-place Kent Island			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Wm. Alex Sparks				Father's Birthplace Queen Anne's Co			
Mother's Maiden Name Mary Catherine Hardner				Mother's Birthplace " "			
Name of person giving Information Wm. Sparks				How related to deceased Father			

## CAUSES OF DEATH

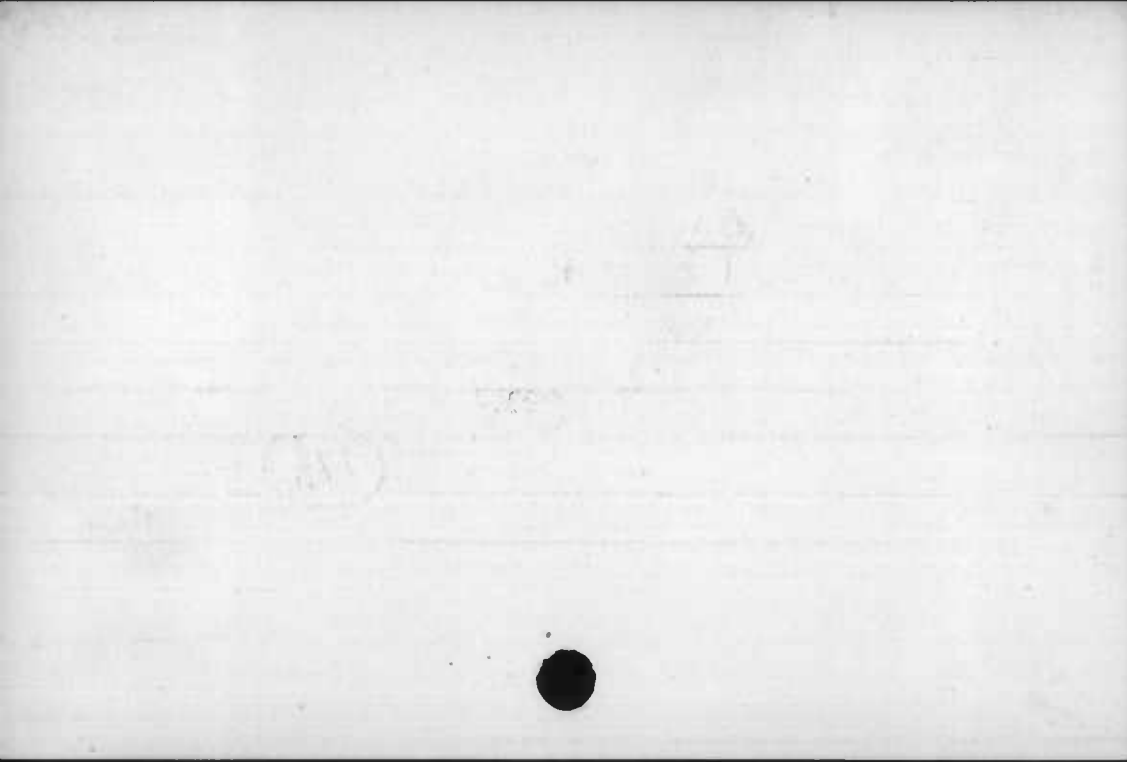
189

PHYSICIAN  
OR CORONER

Primary	Manasimus	How long	1 year
Immediate	General arteria	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. Chas. E. Snyder	
		Address Stevensville Md	
Accident or Suicide			



# CERTIFICATE OF DEATH



Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Sudlersville</i>		Town <i>Queen Anne</i>		County <i>MARYLAND</i>			
		Date of death <i>1960</i>		Month <i>1</i>	Day <i>20</i>	Age <i>68</i>	Years <i>7</i>	Months <i>—</i>	
		Sex <i>Female</i>		Color or Race <i>White American</i>		Birth-place <i>Queen Anne</i>			
		Occupation <i>Lady</i>		Where Residing if not at place of death <i>Baltimore Md</i>					
		Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Chas H. Williamson</i>					
		Father's Name <i>J. P. Price</i>		Father's Birthplace <i>Md</i>					
		Mother's Maiden Name <i>M. E. Downing</i>		Mother's Birthplace <i>"</i>					
		Name of person giving information <i>Mrs Wellington J. Day</i>		How related to deceased <i>Daughter</i>					
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <i>Bronchial Asthma</i>				How long <i>Four years</i>			
		Immediate <i>" Pulmonary Angerion</i>				How long <i>Three weeks</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Wesley Sudler</i>			
						Address <i>Sudlersville Md</i>			
		Accident or Suicide? <i>no</i>							

(11)